

APPLICATION DATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ FEE \$ \_\_\_\_\_ PERMIT # **ENV**  
EXPIRATION DATE \_\_\_\_\_

AUTHORITY: PART 91, 1994 PA451 & CHAPTER 30  
COMPLETION: MANDATORY TO OBTAIN PERMIT  
PENALTY: PERMIT WILL NOT BE ISSUED  
THIS DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

**1. APPLICANT:** (Please check if applicant is the landowner or designated agent)

NAME ☐ LANDOWNER ☒ DESIGNATED AGENT  
Samuel Borries, U.S. Environmental Protection Agency Region 5  
ADDRESS  
77 West Jackson Boulevard  
CITY STATE ZIP CODE AREA CODE / TELEPHONE NUMBER  
Chicago IL 60604 MailCode SE-5L 312-353-8360

**2. LOCATION:**

SECTION TOWN RANGE TOWNSHIP CITY/VILLAGE COUNTY  
S15 T25 R11W Kalamazoo Kalamazoo  
SUBDIVISION LOT NO. PROPERTY TAX ID NUMBER STREET ADDRESS  
N/A N/A Various Properties Various Properties

**3. PROPOSED EARTH CHANGE:**

PROJECT TYPE: ☐ RESIDENTIAL ☐ MULTI-FAMILY ☐ COMMERCIAL ☒ INDUSTRIAL ☐ LAND BALANCING  
DESCRIBE PROJECT  
Contaminated sediments will be removed from Portage Creek as part of a Time Critical Removal Action. Creek will be restored and enhanced post removal.  
NAME OF AND DISTANCE TO NEAREST LAKE, STREAM, OR DRAIN DATE PROJECT TO START DATE PROJECT TO BE COMPLETED  
Portage Creek and Confluence of Portage Creek and Kalamazoo River September 2011 May 2012  
SIZE OF EARTH CHANGE (acres or square feet)  
4 acres

**4. SOIL EROSION AND SEDIMENTATION CONTROL PLAN** (Refer to Rule 323.1703)

Note: 2 complete sets of plans must be attached.  
ESTIMATED COST OF EROSION AND SEDIMENT CONTROL  
PLAN PREPARER'S NAME AND TELEPHONE NUMBER AREA CODE  
Jill R. Binzer 513-825-7500 x268

**5. PARTIES RESPONSIBLE FOR EARTH CHANGE:**

NAME OF LANDOWNER (if not provided in Box No. 1 above) ADDRESS  
Various Landowners  
CITY STATE ZIP CODE AREA CODE / TELEPHONE NUMBER  
NAME OF INDIVIDUAL "ON SITE" RESPONSIBLE FOR EARTH CHANGE COMPANY NAME  
Eric Rowman Environmental Quality Management, Inc.  
ADDRESS CITY STATE ZIP CODE AREA CODE / TELEPHONE NUMBER  
1800 Carillon Boulevard Cincinnati OH 45240 513-265-8875

**6. PERFORMANCE BOND:**

AMOUNT REQUIRED \$ 0.00 ☐ CASH ☐ CERTIFIED CHECK ☐ IRREVOCABLE LETTER OF CREDIT ☐ SURETY BOND  
NAME OF SURETY COMPANY  
N/A  
ADDRESS CITY STATE ZIP CODE AREA CODE / TELEPHONE NUMBER

I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with Part 91, Soil Erosion Sedimentation Control, of the Natural Resource and Environmental Protection Act, 1994 PA 451, as amended, applicable local ordinances, and the documents accompanying this application.

LANDOWNER'S SIGNATURE PRINT NAME DATE  
DESIGNATED AGENT'S SIGNATURE PRINT NAME DATE  
Samuel Borries

\*Designated agent must have a written statement from landowner authorizing him/her to secure a permit in the landowner's name.